

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002371

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 181

Primary Registration District No. 4293

Registrar's No. 51

FILED JAN 15 1963

1. PLACE OF DEATH

a. COUNTY

Lincoln

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Elsberry

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Lincoln

c. CITY

OR TOWN

Elsberry

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

N. 5th

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

Margaret

First

Middle

Last

M.

Truitt

4. DATE OF DEATH

Month

Day

Year

January 11

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-28-1873- 89

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

2 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (City and state or country)

Hamburg, Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John R. Sitton

13b. MOTHER'S MAIDEN NAME

Elizabeth McMillin

14. NAME OF HUSBAND OR WIFE

Thomas Truitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. J. T. Brown--Elsberry, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

5 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1938

to 12-19-62

and last saw her

12-19-62

Death occurred at

9:45

P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. C. C. Callaway D.O.

22b. ADDRESS

Elsberry Mo

22c. DATE SIGNED

1-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

1-13-1963

23c. NAME OF CEMETERY OR CREMATORY

Elsberry City Cemetery

23d. LOCATION (City, town, or county)

Elsberry, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Millers Funeral Home

25. DATE RECD. BY LOCAL REG.

1-12-63

26. REGISTRAR'S SIGNATURE

Ray T. Plasse

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300
Rev. 4/59

1 0570

2 0570

3 2

4 1

5 2

6

7 1

8 2

94201

10

11

12 90-2

13 3-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student: _____
Signature of Student Embalmer

Signed

J.B. Starnes

Licensed Embalmer No. 4039

P. O. Address Louisiana Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.